



January 18, 2019

Donna Frescatore
Deputy Commissioner and Medicaid Director
New York State Department of Health
One Commerce Plaza
Albany, NY 12110

Re: Future of Integrated Managed Care

Dear Ms. Frescatore:

We are writing on behalf of the members of LeadingAge New York to provide comments on the Department's proposals to promote integrated (Medicare and Medicaid) managed care and provide for a successful integrated managed long-term care (MLTC) model upon the expiration of the FIDA program.

LeadingAge NY supports the expansion of integrated managed care. Integrated models can help minimize service gaps, be easier for dually-eligible individuals to navigate by offering a single product and set of rules, add efficiencies to plan operations by unifying Medicare and Medicaid processes, and align financial incentives by combining Medicaid and Medicare payments. We also support the Department's decision to leverage the existing MAP and PACE plan experience and infrastructure to expand integrated managed care options.

This letter addresses the Department's proposals to implement default enrollment into Medicare Advantage D-SNPs for mainstream managed care members who become eligible for Medicare and to passively enroll FIDA members into the associated MAP plans. It also provides recommendations for expanding access to PACE programs by exercising the discretion authorized under the PACE Innovation Act and recommendations for expanding enrollment in integrated plans generally.

Passive Enrollment of FIDA Members in Associated MAP Plans

LeadingAge New York supports passive enrollment of FIDA members into the MAP plans associated with their FIDA plans. This approach will prevent disruption of services and minimize consumer confusion. We understand that federal regulations require that the receiving plans offer networks and benefits substantially similar to the FIDA plans and that FIDA plans include some non-traditional, waiver-type benefits that are not covered by MAP plans. It is important to recognize, however, that MAP plans offer comprehensive long-term services and supports that address the same needs as the waiver-type benefits covered by FIDA, without imposing the additional administrative burdens and expense of the waiver-type benefits.

Eligibility recertification, enrollment and disenrollment timing issues must be addressed well in advance of FIDA expiration. HRA and the other local DSSs should prioritize Medicaid renewals of FIDA enrollees to avoid enrollment lapsing immediately before or after a transition.

Default Enrollment of Mainstream Medicaid Managed Care Members into Associated Medicare Advantage D-SNP

We oppose the default enrollment of Mainstream Medicaid Managed Care members upon their attainment of Medicare eligibility into the D-SNP plan associated with their Medicaid plan. We are concerned that this policy will deplete enrollment in D-SNP and MAP plans sponsored by long-term care providers, in favor of mainstream plans that lack the same focus and experience in serving older adults and people with disabilities. MLTC plans sponsored by non-profit, long-term care (LTC) providers offer a more person-centered approach to care management than mainstream plans, use health care professionals as care managers, and have been strong partners in the State's LTC policy initiatives. Further, our analysis of quality data of plans that serve the vast majority of MLTC members has shown that MLTC plans sponsored by non-profit LTC providers achieve better results on quality measures than other plans. Given the high performance of these plans, the State should not implement a policy that could prevent them from growing.

If the State decides to move forward with default enrollment, it should take the following steps to ensure that consumers are able to make informed choices and act on them:

- Notices sent to members must be clear about the default enrollment process, enrollee choices, and how to opt out.
- The notices should be sent by Maximus rather than the mainstream plans and should include information about other available plans and PACE programs and Original Medicare.
- The default plan's benefits, including the availability of the member's providers in the integrated plan network and its formulary, should be disclosed fully.
- Members should be given a reasonable time to opt-out of default enrollment.
- Maximus staff must be trained to understand PACE and the differences among the various plans and programs.
- Default enrollment should be limited to integrated plans that:
 - meet a high standard of integration; and
 - have a provider network under the integrated plan that is at least as broad as the network of the mainstream plan.
- Authorization to engage in default enrollment should be time-limited and require renewal annually, based on an assessment of the performance of the plan.
- Default enrollment should not be applied to Medicaid beneficiaries who qualify for long-term care services. These beneficiaries tend to be more medically-complex, vulnerable, and isolated than other older adults and may need additional time and support to make informed choices.
- The Department should complete the approval process of pending MAP applications and contracts in advance of implementing default enrollment so that plans with an existing MLTC product that have invested in launching a MAP product can become operational.

Other Integrated Managed Care Proposals

The Department should further support integrated managed care by:

- Promoting PACE expansion by exercising the discretion afforded under the PACE Innovation Act, including expanding eligibility to populations under age 55 and not in need of a nursing home level of care;
- Making capital available to support PACE center development;
- Eliminating the Medicare savings clawback from PACE rates in order to permit programs to raise the capital necessary to develop and improve PACE centers;
- Aligning Medicare and Medicaid enrollment/disenrollment timelines for MAP and PACE;
- Aligning Medicare and Medicaid grievance and appeals procedures under MAP; and
- Expediting and streamlining the MAP approval process.

Thank you very much for your attention to these issues. We look forward to working with your staff on strengthening our integrated managed care programs.

Sincerely yours,



Karen Lipson
Executive Vice President for
Innovation Strategies



Darius Kirstein
Director Financial Policy & Analysis

Cc: Lana Earle
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